

**Industrial Insurance Chiropractic Advisory Committee (IICAC) Meeting Minutes**  
**Date: October 16, 2014 from 8:30 a.m. to 1:30 p.m. (including parent and subsequent subcommittee meetings)**



**Present:**

Robert Baker, DC  
Clay Bartness, DC  
Linda DeGroot, DC  
Michael Dowling, DC, Chair  
Lissa Grannis, DC  
J.F. Lawhead, DC, by phone  
Mike Neely, DC  
William Pratt, DC  
Ron Wilcox, DC  
Leah Hole-Curry, JD  
Bob Mootz, DC  
Nicholas Reul, MD  
Joanne McDaniel  
Bintu Marong  
Dan Hansen, DC, Advisor

**Guests:**

Laura Baune

**General Business**

**Minutes:** **Moved, Seconded, and Carried (MSC)**, the 4/17/2014 and 7/17/14 minutes were approved, with the correction that the July IICAC meeting was a retreat.

**L&I Catastrophic Claims Gap Analysis:** Nicholas Reul, MD shared the complex gap analysis recently completed on injuries requiring more than four days of hospitalization between 2005 and 2013. The numbers trended downward with multiple trauma being the largest category among burns, Spinal cord injury, amputations, and brain injury. The largest medical bills were up front, as would be expected. Findings:

- The agency has good communication with Harborview and rehab centers for numerous reasons: COHEs, an engaged doctor community, ACHIEV, and other advisory committees.
- Gaps: Need to:
  - improve data systems
  - use national registries.
  - improve access to evidence-based, specialty care.
  - map out the needed rehabilitation services needs

The IICAC is invited to provide ongoing input on care expectations and needs to Dr. Reul at [reul@Lni.wa.gov](mailto:reul@Lni.wa.gov) or 360-902-6535.

**PEO Subcommittee:** Ron Wilcox, DC completed individual interviews with all of the Pilot Project doctors who tested the new:

- AP Referral Form,
- PT/OT Referral Form,
- Employer Contact Resource for AP Office,
- Other subcommittee tools developed last year.

Their recommendations helped finalize the forms, published online, including the Notice to Employer of Injured Worker Assessment & Treatment (with the Employer's Day 1 Checklist on the back page). A quick reference card will be online soon.

See the Practice Resources on the IICAC's website <http://www.Lni.wa.gov/ClaimsIns/Providers/ProjResearchComm/IICAC/Resources.asp> . L&I staff are working toward developing an online resource page that includes coverage decisions, practice resources, etc.

Plexus articles have been submitted to WSCA on the practice resources. Six more articles are drafted and four are in initial stages.

Discussion lead to a request for the agency's job description form. See: <http://www.Lni.wa.gov/FormPub/Detail.asp?DocID=1684> . This form is used by employer of record to prepare a written job description for a light-duty job, transitional, modified duty job, or alternative job when an injured worker is unable to work due to an industrial injury or occupational disease. The form includes a description of the job tasks, machinery, tools, equipment and personal protective equipment used, and the physical demands of the job. After completing the employer's job description form, the employer gives it to the injured worker's doctor for review and approval.

**PPQ Subcommittee:** Bob Mootz, DC and the subcommittee are digesting huge amounts of literature to prepare the ankle practice resource. The draft will be shared at IICAC, possibly in April 2015 when it is out for public comment.

The low back, knee, and psychosocial practice resources will be re-reviewed and upgraded to meet National Clearinghouse guidelines.

#### **Department Updates from Bob Mootz, DC:**

- Medical Provider Network is re-reviewing providers who were initially enrolled in the MPN one year, instead of the standard 3 years: Window studies used for the Chiropractic Consultant program are no longer being used for these re-reviews. Instead, quality measures are being applied to all providers to identify issues that warrant deeper file reviews. Staff is reviewing data across all providers looking at imaging and other measures pre- and post- network to identify predictive patterns.
- WSCA update: Bill Pratt, DC encouraged everyone to attend the convention this weekend and hear Bob Mootz, DC and other international speakers.
- IICAC Retreat Follow up: Bob Mootz, DC visualizes a 5-year plan to increase IICAC members' skills in applied best practices. The Executive Committee of IICAC's chair, vice chair, and two subcommittee chairs will inventory all of the best practices and align them with this vision to identify how to modify IICAC's subcommittee assignments. An initial report will be part of the January 2015 meeting.

**Functional Recovery Interventions Project:** Bob Mootz, DC is working on an identification tool for disability prediction after an injured worker has been on time loss for two weeks. Tested in clinics for the past two years, the tool will be Eastern Washington COHE's quality improvement project for the next biennium. Both Health Service Coordinators (HSCs) and doctors are trained and using the tool with injured workers.

Functional Recovery Interventions include:

- Active participation
- Normal recovery and recovery expectations
- Work accommodation and job concerns
- Incremental activity
- PT/OT referral oversight
- Tracking functional progress

Patients likely to develop disability are rare, so doctors may never have one in their case loads.

**Tracking in OHMS:** Noha Gindy shared the project scope. OHMS will support all new and existing best practice projects to emphasize their use and identify patients' needs or doctors who need to improve their use of best practices. The system automates forms, so input is received by L&I automatically.

Many features of OHMS are already available to HSCs. The next system upgrades are due to be released in spring 2015. The goal is to provide interventions early in a claim to obtain better outcomes for injured workers.

**Next meeting: January 15, 2015 topics:**

- Inventory of best practices aligned with IICAC's vision
- Bree Collaborative on spine care